

No. 2.

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 38ENo. 5089Registered No. 55-
(For use of Local Registrar)(No. Edgewood St. Ward)(2) Full Name of Child Mary Kelly

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 26, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME Ben Lucas Kelly(9) PRESENT RESIDENCE OF FATHER Columbia R.T.D. 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE Kershaw, Co.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Evelyn Youngblood(15) PRESENT RESIDENCE OF MOTHER Columbia, R.T.D. 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE York Co.(19) OCCUPATION Housekeeping(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour P. M. or A. M.)(22) (Signature) Mollie Gibson (23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife 2214 Peachtree St

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(26) Filed March 2, 1923 at Columbia

When this and its duplicate portions of a birth record are filed, the birth of a child is recorded and the child is entitled to a birth certificate.